

Monitor (or Pre-approval) Review (Centers)

| | | | | |
|--|--|---|--------------------|--|
| Sponsor/Institution Name | | | CTD No. | |
| Date of Visit | Time of Arrival <div style="text-align: right;"><input type="checkbox"/> am <input type="checkbox"/> pm</div> | Time of Departure <div style="text-align: right;"><input type="checkbox"/> am <input type="checkbox"/> pm</div> | Date of last visit | |
| Facility Type <div style="text-align: right;"><input type="checkbox"/> Outside School Hours <input type="checkbox"/> Center</div> | | Type of Review <div style="text-align: right;"><input type="checkbox"/> Pre-approval <input type="checkbox"/> Monitoring <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced</div> | | |
| Monitor Name | | Title | | |
| Facility/Site Name | | | | |
| Facility/Site Address | | | | |
| Person Interviewed at Site | | Title of Person Interviewed | | |

A. MEAL SERVICE

1. Meal Count – Complete the following for the meal observed:

| | | BREAKFAST | AM SUPPLEMENT | LUNCH | PM SUPPLEMENT | SUPPER |
|---|-------------------|-----------|------------------|-------|------------------|--------|
| Beginning Time of Meal Service | | | | | | |
| Ending Time of Meal Service | | | | | | |
| Number of Meals Prepared | | | | | | |
| Number of Meals Served | To Child | | | | | |
| | As Seconds | | | | | |
| | To Program Adults | | | | | |
| | Non-program | | | | | |

2. Was the menu served the same as posted for today? ☐ Yes ☐ No
 If not, were substitutions consistent with USDA requirements? ☐ Yes ☐ No
3. Are menu substitutions correctly documented? ☐ Yes ☐ No
4. Were all components served at the same time? ☐ Yes ☐ No
5. Were the quantities of each component sufficiently prepared to meet meal patterns? ☐ Yes ☐ No
6. Are the combination of meals/snacks claimed consistent with CACFP regulations? ☐ Yes ☐ No
7. Does the center claim reimbursement for infant meals? ☐ Yes ☐ No
8. Is there an infant menu that conforms to USDA requirements? ☐ Yes ☐ No
9. Does the center provide all meal components including formula? ☐ Yes ☐ No
10. Are there doctors' statements on file for children with special diets? ☐ Yes ☐ No

B. MEAL ANALYSIS

1. Production: Complete the following information for the meal observed and calculate the amount of each component used; include infant meals. Consult the CACFP handbook for meal patterns.

- a. What meal was observed?

- ☐ **Breakfast** – consists of milk, bread, and fruit/vegetable.
- ☐ **Snack (am/pm)** – consists of any two of the four food components.
- ☐ **Lunch/Supper** – consists of all four food components, and the fruit/vegetable must include at least two different servings.

- b. Give the number of program participants that were served?

| | | | | | | |
|---------------------|---------------------|----------------------|---------------------|---------------------|----------------------|---------------|
| Infants: 0-3 months | Infants: 4-7 months | Infants: 8-11 months | Children: 1-2 years | Children: 3-5 years | Children: 6-13 years | 13 yrs.-Adult |
|---------------------|---------------------|----------------------|---------------------|---------------------|----------------------|---------------|

- c. Infant Feeding Records: Mandatory for centers providing care for infants

1. Do infants attend the center?..... Yes ☐ No ☐
(If yes, they must be allowed to participate in CACFP)
2. Are infant feeding records up to date..... Yes ☐ No ☐
3. Do infant feeding records document required amounts of formula/food is being served?..... Yes ☐ No ☐
4. Do the infant feeding records document meals meet CACFP requirements? Yes ☐ No ☐
5. Does the center have documentation it is purchasing infant formula/food? Yes ☐ No ☐
6. Does the center have parent decline letters on file for parents providing formula/food?..... Yes ☐ No ☐
7. Are infant formulas and cereals iron-fortified?..... Yes ☐ No ☐
8. Are bottles labeled with children's names?..... Yes ☐ No ☐

Section d is **mandatory** for pre-approval visits and for all monitoring visits, unless documentation exists supporting Menu Production Records (MPRs) have been waived during an ADE review. If waived, date ADE made MPRs optional:

- d. List foods and amounts served to children:

| | FOOD SERVED | AMOUNT PREPARED | NUMBER OF SERVINGS PER AMOUNT PREPARED | AMOUNT NEEDED | + OR - |
|---|-------------|-----------------|--|---------------|--------|
| Milk | | | | | |
| Meat or Meat Alternate | | | | | |
| Vegetables and/or Fruit (two or more) | | | | | |
| Whole Grain or Enriched Bread or Bread Alternate | | | | | |
| Other Foods | | | | | |

2. Is the quantity of each component sufficiently prepared to meet meal pattern requirements for the number of children in care?..... ☐ Yes ☐ No
3. Type of meal service: ☐ **Family Style** ☐ **Conventional** ☐ **Other (specify):** _____
4. Were all required components served? ☐ Yes ☐ No
5. Describe what happens to plate waste and leftovers:

C. RECORD KEEPING

1. Licensing

- a. Is the license available for review? ☐ Yes ☐ No
- b. What is the current licensed capacity? _____
- c. Does today's attendance exceed the capacity? ☐ Yes ☐ No

If yes, explain: _____

- d. Is the facility subject to licensing standards other than DHS?..... ☐ Yes ☐ No
2. Enrollment – Does each child in care have an enrollment form on file?..... ☐ Yes ☐ No
3. Attendance – Is attendance recorded daily? ☐ Yes ☐ No
4. Meal Count
- a. Is the Weekly Attendance Meal Record (WAMR) completed at the time of meal service on a daily basis? ☐ Yes ☐ No
- b. Is the monthly meal count being recorded? ☐ Yes ☐ No
- c. What are the meal counts for the previous five operating days?
- d. Are these consistent with today's counts? ☐ Yes ☐ No
5. Eligibility
- a. Is there a current Income Eligibility Application on file for each child claimed in free and reduced-price meal category? ☐ Yes ☐ No
- b. Are the children being claimed in the correct eligibility category (free, reduced, or paid), including full-time, part-time, and drop-in children? ☐ Yes ☐ No
- c. Is there adequate documentation to ensure that at least 25% of the total enrollment received Title IXX or XX benefits? (Proprietary Title XX Centers only)..... ☐ Yes ☐ No
- d. Is there any indication of overt identification for DES beneficiaries?..... ☐ Yes ☐ No
6. Costs
- a. Are all program, administrative, and operating costs being recorded? ☐ Yes ☐ No
- b. Do the expenses documented exceed the amount claimed?..... ☐ Yes ☐ No
- If yes, how do you plan to cover this cost? _____
- c. Are there written procurement procedures on file? ☐ Yes ☐ No
- d. Are all reported costs allowable and reported in the CACFP budget? ☐ Yes ☐ No
- e. Is documentation on file to support all program costs? ☐ Yes ☐ No
7. Claims
- a. Are claims being processed and payments being received in a timely manner? ☐ Yes ☐ No
- b. On what date did you receive your last payment? _____ For which month was this payment? _____
8. Records Retention – Are the facilities maintaining records per Arizona requirements/regulations? ☐ Yes ☐ No

D. TRAINING

1. Has facility staff attended training sessions conducted by the contractor on CACFP? ☐ Yes ☐ No

| DATES | TOPICS |
|-------|--------|
| | |
| | |
| | |
| | |

2. Are the names of the participants on file? ☐ Yes ☐ No
3. Is civil rights included as a topic? ☐ Yes ☐ No

E. SANITATION AND STORAGE

1. Are foods maintained hot (140° or above) or cold (41° or below) prior to serving? (as appropriate)..... ☐ Yes ☐ No
2. Describe the dishwashing method: _____
3. Are the floor, refrigerator, stove, cabinets, and working area sanitary and in good condition? ☐ Yes ☐ No
- If not, explain: _____
4. Are the trash cans lined and covered?..... ☐ Yes ☐ No
5. Is food kept at least 6 inches off the floor and away from the walls to permit air circulation? ☐ Yes ☐ No

6. Are foods used on a first-in, first-out basis? ☐ Yes ☐ No
7. Is there a monthly or annual inventory of food supplies? ☐ Yes ☐ No
8. Are there thermometers in the refrigerator and freezer? ☐ Yes ☐ No
- If yes, record the temperatures: Refrigerator _____ Freezer _____
9. Are chemical cleaners and pesticides kept away from food and children? ☐ Yes ☐ No
10. Are children's and caregiver's hands washed before handling food? ☐ Yes ☐ No
11. Is the required local health inspection documentation available for review? ☐ Yes ☐ No
12. If problems were noted during the last inspection, have they been corrected? ☐ Yes ☐ No
13. Is any food in rusted, dented, unlabeled, or bulged containers? ☐ Yes ☐ No

F. CIVIL RIGHTS

1. Is there any separation by race, color, national origin, sex, or handicapping condition? ☐ Yes ☐ No
2. Are special dietary needs of children met without additional cost to parents? ☐ Yes ☐ No
3. Is the staff able to explain the process for making civil rights complaints? ☐ Yes ☐ No
4. Are written procedures for filing civil rights complaints provided to parents? ☐ Yes ☐ No

5. Give number of children:

| | AFRICAN AMERICAN | HISPANIC | AM. INDIAN ALASKAN | ASIAN OR PACIFIC ISLDR. | WHITE | TOTAL |
|---|---------------------|----------|-----------------------|----------------------------|-------|-------|
| a. Current Enrollment (by racial/ ethnic group) | | | | | | |
| b. Actual Children Participating at Meal Observed (by racial/ethnic group) | | | | | | |

6. When did you last evaluate the quality and availability of services to handicapped persons?
7. Is the "And Justice For All" poster displayed in a prominent place? ☐ Yes ☐ No

G. FINDINGS AND RECOMMENDATIONS

1. List problems identified:

2. Recommendation – Indicate corrective action needed:

H. PREAPPROVAL

1. Does this facility appear to be eligible to operate under the CACFP? ☐ Yes ☐ No
- If not, explain why:
2. Proposed date of next review:

Signature – Monitor

Date

Signature – Director

Date